

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING
11 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0011

SEPTIC REVIEW REQUIREMENTS FOR AN EATING AND LODGING LICENSE

If you are connected to a private wastewater disposal system of less than 2000 gallons per day, in order to process your license application you must submit documentation on the disposal system to the State of Maine Wastewater & Plumbing Program for review and approval. An existing disposal system may be approved, if there is no increase in daily wastewater flow beyond the original system design flow, and the system is functioning properly.

Any increase in wastewater flow beyond the original approved system design flow requires a site evaluation by a licensed Site Evaluator, and a replacement system design on an HHE-200 form, submitted to the Division for review.

If you have any questions concerning these requirements, please contact this office by any of the following methods:

Eating & Lodging Program Phone: 287-5671 Wastewater & Plumbing Program Phone: 287-5689
Fax: 287-3165

For on-line information, our web address is: <http://www.state.me.us/dhs/eng/el>

PLEASE RETURN ALL THE INFORMATION ON THE BACK OF THIS FORM.

**SUBMIT SEPTIC REVIEW INFORMATION
PLUS FEE TO:**

Wastewater & Plumbing Control Program
Division of Health Engineering
11 State House Station
Augusta ME 04333-0011

**SUBMIT LICENSE APPLICATION FORM
PLUS LICENSE FEE TO:**

Eating & Lodging Program
Division of Health Engineering
11 State House Station
Augusta ME 04333-0011

I, _____, as owner of the establishment, state that the information submitted is accurate and correct to the best of my knowledge, and understand that falsification is reason for the Department to deny disposal system approval and/or an Eating & Lodging operating license.

I further state that the establishment will not operate outside the disposal limits of the approved and license limitations. I understand that any change to the stated limits or other aspects of the operation must first receive approval by the Department.

Signature of owner

Date

Over

APPLICATION FOR WASTEWATER DISPOSAL SYSTEM REVIEW

A. Applicant Information:

_____ Name	_____ Establishment Name
_____ Mailing address	_____ Location
_____ Establishment ID # (if currently licensed) (business)	_____ Phone nos. (home)

B. Establishment Information:

Is This a:

1. New establishment (not previously licensed by this program)? Yes____ No ____
2. Expanded use of existing establishment? Yes____ No ____
If yes, proposed increase to _____ seats, rooms, sites, cottages (circle)
3. Change of usage of existing establishment? Yes____ No ____
If yes, please explain: _____

4. The building, land, septic system, and water supply (well) are: (check one)

- ☐ Owned by the business owner/operator
☐ Leased by the business owner/operator from a second party

Second party:

Name: _____

Address: _____

PhoneNumber: _____

C. Please submit an HHE-200 (Subsurface Wastewater Disposal System Application).

Along with this form, please indicate the following:

1. Number of seats: Indoor _____ Outdoor _____
2. Type of service: Conventional _____ Disposable _____
3. Hours & days of operation: Hours _____ Days _____
4. Meals served: None _____ Breakfast _____ Lunch _____ Supper _____
5. Square feet of takeout:(for takeout only) _____
6. If lodging - number of rooms: _____
7. If campground – number of sites: with sewer hookup _____ without sewer hookup _____
8. If campground – number of sites: with water hookup _____ without water hookup _____

D. Submit a \$20.00 review fee for a disposal system of less than 2000 gallons per day. For any engineered system (with a design flow of 2000 gallons per day or more), submit \$100.00 plus an engineered system application with supporting documents; i.e. plans, hydraulic analyses, etc.

Make checks payable to " Treasurer of State".

**SEPTIC APPROVAL IS NEEDED BEFORE A LICENSE WILL BE ISSUED.
SEPTIC REVIEW FEE, AND LICENSE FEE MUST BE PAID BY TWO SEPARATE CHECKS.**